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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16060** **(8)**

1. Corporation Name
AMVETS-POST-#86, INC.

Principal Place of Business	Mailing Address
6685 BROOKLYN BAY RD KEYSTONE HEIGHTS FL 32656 US	P. O. BOX 1596 KEYSTONE HEIGHTS FL 32656-1596 US

3. Date Incorporated or Qualified: **06/20/1986**
3a. Date of Last Report: **01/26/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2661297** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WARREN, JOHN
7513 HALL LAKE RD
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, RONALD		1.2 NAME		
STREET ADDRESS	6164 JUILLIARD AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		1.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	2.1 TITLE	CD	☐ Change ☒ Addition
NAME	RUSSELL, JOHN		2.2 NAME	BOSWELL, W.R	7612 ELDORADO AVE
STREET ADDRESS	6394 CASCADE DR.		2.3 STREET ADDRESS	PO BOX 1542	KEYSTONE HTS FL
CITY-ST-ZIP	LAKE GENEVA FL		2.4 CITY-ST-ZIP	KEYSTONE HTS FL	32656
TITLE	MT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WARREN, JOHN		3.2 NAME		
STREET ADDRESS	7513 HALL LAKE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PETTY, JOSEPH		4.2 NAME		
STREET ADDRESS	5291 CR 352		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HGTS FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WOOTEN, JUGH		5.2 NAME	HALLOWELL, BUDDY	129 LAKE CARLTON DR
STREET ADDRESS	ROUTE 3, BOX 810		5.3 STREET ADDRESS	RT 3 BOX 3845	MELROSE FL
CITY-ST-ZIP	STARKE FL		5.4 CITY-ST-ZIP	MELROSE FL	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FROHLICH, FRANK		6.2 NAME		
STREET ADDRESS	7677 OAK FOREST RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE GENEVA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John W Warren — 1-2 97 — FAX 352-473-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 352-473-8535